

June 1, 2021

Kevin Ruggeberg, FSA, MAAA Vice President & Consulting Actuary Lewis & Ellis, Inc.

Subject: Your 05/24/2021 Questions re:

Blue Cross and Blue Shield of Vermont

2022 Vermont ACA Market - Individual and Small Group Rate Filings

(SERFF Tracking #: BCVT-132829562 and BCVT-132829271)

Dear Mr. Ruggeberg:

In response to your requests dated May 24, 2021, here are your questions and our answers:

1. In the Individual filing, Exhibit 9A, the Average members per Subscriber is shown as 1.5046. However, that exhibits shows a total of 15,878 members and 10,648 subscribers, for a ratio of 1.4912. Similarly, we cannot replicate the average tier factor. The impact appears to be that the Single Conversion Factor appears to be overstated by approximately 0.15%. Please confirm.

The average member per subscriber on Exhibit 9A – IND is correct. We calculate a contract conversion factor specific to the Catastrophic plan, which is why the factor used for all other plans is different from the total average member to subscriber ratio.

Plan	Members	Subscribers	Ratio on Exhibit 9A - IND
Catastrophic	325	311	1.045
All Other Plans	15,553	10,337	1.505
Total	15,878	10,648	

2. The memorandum states that the total allowed pharmacy trend in Exhibit 3I is 8.4%. However, Exhibit 3I seems to show this value as 11.1% (including contract changes). Please reconcile this apparent discrepancy.

The "8.4" is a typo. The correct value is 11.1 percent as shown in Exhibit 31.

3. Reconcile the base period claims, trend factors, and "Other" factors between Exhibit 5 and the URRT.

Please see tabs "URRT-IND" and "URRT-SMG" in attached *Responses to BCBSVT 2022 ACA Filings Inquiry 2.xlsx*.

4. Wakely recently released a small change to the Standard Bronze CDHP plan. Please provide a revised copy of Exhibit 9B reflecting the anticipated premiums including this change to benefits.

Please see tabs "9B-IND" and "9B-SMG" in attached *Responses to BCBSVT 2022 ACA Filings Inquiry 2.xlsx*.

5. Provide actual-to-expected Rx trend results from 2016-2020.

To ensure that the actual experience is normalized for population changes, we calculate the actual trend using the matched population (described in section 3.4.7.1 of the Actuarial Memorandum). Note that the original matched population did not include 2016. We created a new matched population to calculate the 2016 to 2018 results.

Because the weights of specialty and non-specialty prescriptions are markedly different in the matched population than in the overall population, we calculate separately specialty and non-specialty trends. We calculate an overall trend using specialty and non-specialty weights taken from the base experience underlying the relevant filing.

The table below shows the two-year actual trends and the filing allowed PMPM trends after adjustment for contract changes.

Years	Filing Year for Comparison	Filing Trend	Actual Trend
2016 to 2018	CY 2018	7.9%	5.7%
2017 to 2019	CY 2019	9.8%	10.3%
2018 to 2020	CY 2020	12.0%	11.1%
2019 to 2021	CY 2021	13.4%	
2020 to 2022	CY 2022	11.1%	

We have made many refinements to the trend methodology over the last five filings to address differences between observed and expected trends. In this year's filing, for instance, we added an adjustment to new generics to better account for the expected changes in the applicable discounts. We will continue to monitor and enhance our trend methodology as emerging experience dictates.

6. How has COVID-19 affected non-benefit costs (expenses such as overhead, travel, claims adjudication, profit, etc.)

In 2020, BCBSVT incurred \$249,836 in direct general administrative expenses related to COVID-19. We also did not terminate coverage due to non-payment of premium. Uncollectable premiums in 2020 reduced the premium volume by \$837,781.

Year to date through April 30, 2021, BCBSVT has incurred \$15,998 in direct general administrative expenses related to COVID-19. Premium volume was reduced by \$108,318 due to uncollectable premiums.

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,

Paul Schultz, F.S.A., M.A.A.A.

Chief Actuary

BLUE CROSS AND BLUE SHIELD OF VERMONT

2022 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP RATE FILINGS

RESPONSE TO ACTUARIAL INQUIRY DATED MAY 24, 2021

Reconciliation of URRT to Exhibit 5 - Individual Filing

	R	ECONCILIATION OF B	ASE CLAIMS				
Benefit Category	Experience Period Index Rate PMPM - URRT	Remove Blue Card	Remove Pharmacy Rebates	Remove Payment to Blueprint Program	Replace Capitation with FFS equivalent	Non-EHB	Line a1 of Exhibit 5
Inpatient Hospital	\$102.96	-\$0.21	\$0.00	\$0.00	\$0.00	\$0.00	\$102.75
Outpatient Hospital	\$291.62	-\$0.35	\$0.00	\$0.00	\$0.00	\$0.02	\$291.29
Professional	\$81.66	-\$0.59	\$0.00	\$0.00	\$0.00	\$0.00	\$81.06
Other Medical - Medical	\$66.77	-\$0.45	\$0.00	\$0.00	\$0.00	\$0.00	\$66.32
Other Medical - Vision	\$0.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.06
Other Medical - Dental	\$1.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.27
Capitation	\$5.48	\$0.00	\$0.00	-\$3.44	\$0.02	\$0.00	\$2.05
Prescription Drug	\$169.62	\$0.00	\$21.36	\$0.00	\$0.00	\$0.00	\$190.99
Total	\$719.44	-\$1.60	\$21.36	-\$3.44	\$0.02	\$0.02	\$735.79

RERCO	ONCILIATION OF TRE	ND COMPONENTS						
					Rounded to 3rd			
		From Ex	chibit 3J		Decimal			
	Voor	1 Trend	Voor	2 Trend	Trended EHB			
	Tear	1 Heliu	Tear	z menu	Allowed Claims			
Benefit Category	Cost							
Inpatient Hospital	1.036	1.015	1.031	1.015	\$113.30			
Outpatient Hospital	1.054	1.020	1.044	1.021	\$334.18			
Professional	1.031	1.018	1.019	1.018	\$88.91			
Other Medical - Medical	1.031	1.018	1.019	1.018	\$72.55			
Other Medical - Vision	1.000	1.000	1.000	1.000	\$0.07			
Other Medical - Dental	1.000	1.000	1.000	1.000	\$1.38			
Capitation	1.031	1.018	1.019	1.018	\$5.97			
Prescription Drug	1.028	\$218.87						
					\$835.22			
Other Medical - Total	1.030	1.018	1.019	1.017				

RER	CONCILIATION OF PRO	JECTED INDEX RATE		
	Exhibit 5	URRT - Unrounded	URRT - Rounded	
Experience Allowed Claims (Line a1)	\$735.79	\$719.44	\$719.44	
Exclude High Claim and Non-EHB *	0.9860	1.0084		
Capped Experience Period Allowed Claims for EHB (Line A)	\$725.46	1.0064		
Impact of Leap Year	0.9973	0.9973	0.9800	Other
Adjustment to Experience Period for One-Time Events	1.0460	1.0460		
Non-System Claims = \$823.19 / \$873.18 = Line F / Line D	0.9427	0.9427		
Changes in Pool Morbidity	1.0142	1.0142	1.0140	Morbidity Adjustment
Changes in demographics (age, gender, region, etc.)	0.9941	0.9941	0.9940	Demographic Shift
Impact of different benefit plans (in experience vs projection)	0.9977	0.9977	0.9980	Plan Design Changes
Trend	1.1469	1.1609	1.1609	Trend
Adjustment to Trend for URRT Weights vs Filing Weights	1.0000	0.9879		Other
Projected Index Rate - Line F	\$823.19	\$823.19	\$823.35	

^{*} URRT Factor is to adjust between URRT allowed claims and Line A - See section 3.3 of the Addendum

BLUE CROSS AND BLUE SHIELD OF VERMONT

2022 VERMONT ACA MARKET - INDIVIDUAL AND SMALL GROUP RATE FILINGS

RESPONSE TO ACTUARIAL INQUIRY DATED MAY 24, 2021

Reconciliation of URRT to Exhibit 5 - Small Group Filing

	R	ECONCILIATION OF B	ASE CLAIMS				
Benefit Category	Experience Period Index Rate PMPM - URRT	Remove Blue Card Fees	Remove Pharmacy Rebates	Remove Payment to Blueprint Program	Replace Capitation with FFS equivalent	Non-EHB	Line a1 of Exhibit 5
Inpatient Hospital	\$105.48	-\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$104.96
Outpatient Hospital	\$234.33	-\$1.01	\$0.00	\$0.00	\$0.00	\$0.10	\$233.42
Professional	\$73.19	-\$0.66	\$0.00	\$0.00	\$0.00	\$0.00	\$72.52
Other Medical Medical	\$61.97	-\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$61.57
Vision	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.10
Dental	\$1.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.39
Capitation	\$9.54	\$0.00	\$0.00	-\$4.07	-\$0.98	\$0.00	\$4.48
Prescription Drug	\$116.10	\$0.00	\$18.56	\$0.00	\$0.00	\$0.00	\$134.66
Total	\$602.11	-\$2.61	\$18.56	-\$4.07	-\$0.98	\$0.10	\$613.11

	RERCONCILIATION	OF TREND COMPONENTS						
		From	Exhibit 3J		Rounded to 3rd Decimal			
Year 1 Trend Year 2 Trend								
Benefit Category	Cost	Cost Utilization Cost Utilization						
Inpatient Hospital	1.036	1.015	1.031	1.015	\$116.07			
Outpatient Hospital	1.054	1.020	1.044	1.021	\$268.53			
Professional	1.031	1.018	1.018	\$79.69				
Other Medical Medical	1.031	1.018	1.019	1.018	\$67.34			
Vision	1.000	1.000	1.000	1.000	\$0.11			
Dental	1.000	1.000	1.000	1.000	\$1.51			
Capitation	1.031	1.018	1.019	1.018	\$10.39			
Prescription Drug	1.028	1.105	1.028	1.109	\$150.35			
				•	\$693.98			
Other Medical - Total	1.030	1.018	1.019	1.017				

RERO	CONCILIATION OF PRO	JECTED INDEX RATE		
	Exhibit 5	URRT - Unrounded	URRT - Rounded	
Experience Allowed Claims (Line a1)	\$613.11	\$602.11	\$602.10	
Exclude High Claim and Non-EHB *	0.9992	1.0174		
Capped Experience Period Allowed Claims for EHB (Line A)	\$612.61	1.01/4		
Impact of Leap Year	0.9973	0.9973	0.9990	Other
Adjustment to Experience Period for One-Time Events	1.0479	1.0479		
Non-System Claims = \$823.19 / \$873.18 = Line F / Line D	0.9472	0.9472		
Changes in Pool Morbidity	1.0085	1.0085	1.0090	Morbidity Adjustmen
Changes in demographics (age, gender, region, etc.)	1.0045	1.0045	1.0040	Demographic Shift
Impact of different benefit plans (in experience vs projection)	0.9977	0.9977	0.9980	Plan Design Changes
Trend	1.1434	1.1526	1.1526	Trend
Adjustment to Trend for URRT Weights vs Filing Weights	1.0000	0.9920		Other
Projected Index Rate - Line F	\$700.76	\$700.76	\$700.92	

^{*} URRT Factor is to adjust between URRT allowed claims and Line A - See section 3.3 of the Addendum

RESPONSE TO ACTUARIAL INQUIRY DATED MAY 24, 2021

						2022 Proj	oosed Rates			2021 App	roved Rates			2022 Proposed	Rate Increase	es
			Plan Level Adjusted Index Rate	PMPM to Single Contract Conversion Factor	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
9	GOLD	Vermont Preferred	\$736.07	1.0846	\$798.34	\$1,596.68	\$1,540.80	\$2,243.34	\$731.76	\$1,463.52	\$1,412.30	\$2,056.25	9.1%	9.1%	9.1%	9.1%
DAR.	GOLD	Vermont Select	\$777.01	1.0846	\$842.75	\$1,685.50	\$1,626.51	\$2,368.13	\$770.70	\$1,541.40	\$1,487.45	\$2,165.67	9.3%	9.3%	9.3%	9.3%
STAND	SILVER	Vermont Preferred	\$719.44	1.0846	\$780.30	\$1,560.60	\$1,505.98	\$2,192.64	\$725.41	\$1,450.82	\$1,400.04	\$2,038.40	7.6%	7.6%	7.6%	7.6%
F - 2	SILVER	Vermont Select	\$722.61	1.0846	\$783.74	\$1,567.48	\$1,512.62	\$2,202.31	\$730.67	\$1,461.34	\$1,410.19	\$2,053.18	7.3%	7.3%	7.3%	7.3%
o S	BRONZE	Vermont Preferred	\$555.76	1.0846	\$602.78	\$1,205.56	\$1,163.37	\$1,693.81	\$562.56	\$1,125.12	\$1,085.74	\$1,580.79	7.1%	7.1%	7.1%	7.1%
Z	BRONZE	Vermont Select	\$549.51	1.0846	\$596.00	\$1,192.00	\$1,150.28	\$1,674.76	\$557.06	\$1,114.12	\$1,075.13	\$1,565.34	7.0%	7.0%	7.0%	7.0%
	PLATINUM	Deductible	\$951.42	1.0846	\$1,031.91	\$2,063.82	\$1,991.59	\$2,899.67	\$939.97	\$1,879.94	\$1,814.14	\$2,641.32	9.8%	9.8%	9.8%	9.8%
R	GOLD	Deductible	\$796.32	1.0846	\$863.68	\$1,727.36	\$1,666.90	\$2,426.94	\$796.44	\$1,592.88	\$1,537.13	\$2,238.00	8.4%	8.4%	8.4%	8.4%
Ϋ́	SILVER	Deductible	\$733.74	1.0846	\$795.81	\$1,591.62	\$1,535.91	\$2,236.23	\$742.80	\$1,485.60	\$1,433.60	\$2,087.27	7.1%	7.1%	7.1%	7.1%
ē	SILVER	CDHP	\$748.79	1.0846	\$812.14	\$1,624.28	\$1,567.43	\$2,282.11	\$756.05	\$1,512.10	\$1,459.18	\$2,124.50	7.4%	7.4%	7.4%	7.4%
DAI	BRONZE	Deductible	\$548.61	1.0846	\$595.03	\$1,190.06	\$1,148.41	\$1,672.03	\$560.45	\$1,120.90	\$1,081.67	\$1,574.86	6.2%	6.2%	6.2%	6.2%
N N	BRONZE	CDHP	\$564.38	1.0846	\$612.13	\$1,224.26	\$1,181.41	\$1,720.09	\$573.62	\$1,147.24	\$1,107.09	\$1,611.87	6.7%	6.7%	6.7%	6.7%
LS .	BRONZE	Integrated	\$556.38	1.0846	\$603.45	\$1,206.90	\$1,164.66	\$1,695.69	\$568.00	\$1,136.00	\$1,096.24	\$1,596.08	6.2%	6.2%	6.2%	6.2%
	Catastrophic	Deductible	\$250.20	1.0118	\$253.15	\$506.30	\$488.58	\$711.35	\$259.79	\$519.58	\$501.39	\$730.01	-2.6%	-2.6%	-2.6%	-2.6%
, KE	SILVER	Vermont Preferred	\$630.21	1.0846	\$683.53	\$1,367.06	\$1,319.21	\$1,920.72	\$632.21	\$1,264.42	\$1,220.17	\$1,776.51	8.1%	8.1%	8.1%	8.1%
ECTIVE	SILVER	Vermont Select	\$644.85	1.0846	\$699.40	\$1,398.80	\$1,349.84	\$1,965.31	\$649.74	\$1,299.48	\$1,254.00	\$1,825.77	7.6%	7.6%	7.6%	7.6%
置 3	SILVER	Deductible	\$653.60	1.0846	\$708.89	\$1,417.78	\$1,368.16	\$1,991.98	\$659.14	\$1,318.28	\$1,272.14	\$1,852.18	7.5%	7.5%	7.5%	7.5%
2	SILVER	CDHP	\$681.80	1.0846	\$739.48	\$1,478.96	\$1,427.20	\$2,077.94	\$686.16	\$1,372.32	\$1,324.29	\$1,928.11	7.8%	7.8%	7.8%	7.8%

Total \$134,928,661 \$125,066,869 7.89%

RESPONSE TO ACTUARIAL INQUIRY DATED MAY 24, 2021

				Inforce C	ontracts			Projected	Contracts	
					Adult and				Adult and	
			Single Rate	Couple Rate	Child(ren)	Family Rate	Single Rate	Couple Rate	Child(ren)	Family Rate
					Rate				Rate	
Q	GOLD	Vermont Preferred	315	99	11	49	315	99	11	49
NON-STANDARD PLANS	GOLD	Vermont Select	464	163	27	99	464	163	27	99
STAND	SILVER	Vermont Preferred	661	174	19	29	661	174	19	29
èξ	SILVER	Vermont Select	165	40	3	12	165	40	3	12
N N	BRONZE	Vermont Preferred	244	47	9	25	244	47	9	25
Z	BRONZE	Vermont Select	553	133	15	86	553	133	15	86
	PLATINUM	Deductible	724	226	62	114	724	226	62	114
S	GOLD	Deductible	652	203	34	105	652	203	34	105
_ 5	SILVER	Deductible	1,388	438	55	89	1,388	438	55	89
<u> </u>	SILVER	CDHP	297	97	12	29	297	97	12	29
DAI	BRONZE	Deductible	423	101	14	46	423	101	14	46
STANDARD PLANS	BRONZE	CDHP	319	68	15	46	319	68	15	46
ST	BRONZE	Integrated	220	36	4	24	220	36	4	24
	Catastrophic	Deductible	302	6	1	2	302	6	1	2
, <	SILVER	Vermont Preferred	115	27	7	29	115	27	7	29
FLECTIN	SILVER	Vermont Select	77	23	9	29	77	23	9	29
REFLECTIVE	SILVER	Deductible	353	102	27	104	353	102	27	104
2	SILVER	CDHP	88	28	9	27	88	28	9	27

Total 10,648 10,648

RESPONSE TO ACTUARIAL INQUIRY DATED MAY 24, 2021

						2022 Prop	oosed Rates			2021 App	roved Rates			2022 Proposed	Rate Increase	es
			Plan Level Adjusted Index Rate	PMPM to Single Contract Conversion Factor	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
Q	GOLD	Vermont Preferred	\$592.35	1.1453	\$678.42	\$1,356.84	\$1,309.35	\$1,906.36	\$731.76	\$1,463.52	\$1,412.30	\$2,056.25	-7.3%	-7.3%	-7.3%	-7.3%
AR	GOLD	Vermont Select	\$625.02	1.1453	\$715.83	\$1,431.66	\$1,381.55	\$2,011.48	\$770.70	\$1,541.40	\$1,487.45	\$2,165.67	-7.1%	-7.1%	-7.1%	-7.1%
ANE	SILVER	Vermont Preferred	\$507.86	1.1453	\$581.65	\$1,163.30	\$1,122.58	\$1,634.44	\$725.41	\$1,450.82	\$1,400.04	\$2,038.40	-19.8%	-19.8%	-19.8%	-19.8%
ŢŞ 51	SILVER	Vermont Select	\$520.36	1.1453	\$595.97	\$1,191.94	\$1,150.22	\$1,674.68	\$730.67	\$1,461.34	\$1,410.19	\$2,053.18	-18.4%	-18.4%	-18.4%	-18.4%
N N	BRONZE	Vermont Preferred	\$448.70	1.1453	\$513.90	\$1,027.80	\$991.83	\$1,444.06	\$562.56	\$1,125.12	\$1,085.74	\$1,580.79	-8.6%	-8.6%	-8.6%	-8.6%
Z	BRONZE	Vermont Select	\$443.84	1.1453	\$508.33	\$1,016.66	\$981.08	\$1,428.41	\$557.06	\$1,114.12	\$1,075.13	\$1,565.34	-8.7%	-8.7%	-8.7%	-8.7%
60	PLATINUM	Deductible	\$763.47	1.1453	\$874.40	\$1,748.80	\$1,687.59	\$2,457.06	\$939.97	\$1,879.94	\$1,814.14	\$2,641.32	-7.0%	-7.0%	-7.0%	-7.0%
Ä	GOLD	Deductible	\$640.04	1.1453	\$733.04	\$1,466.08	\$1,414.77	\$2,059.84	\$796.44	\$1,592.88	\$1,537.13	\$2,238.00	-8.0%	-8.0%	-8.0%	-8.0%
4	SILVER	Deductible	\$526.47	1.1453	\$602.96	\$1,205.92	\$1,163.71	\$1,694.32	\$742.80	\$1,485.60	\$1,433.60	\$2,087.27	-18.8%	-18.8%	-18.8%	-18.8%
AR .	SILVER	CDHP	\$548.92	1.1453	\$628.68	\$1,257.36	\$1,213.35	\$1,766.59	\$756.05	\$1,512.10	\$1,459.18	\$2,124.50	-16.8%	-16.8%	-16.8%	-16.8%
Ì	BRONZE	Deductible	\$443.04	1.1453	\$507.42	\$1,014.84	\$979.32	\$1,425.85	\$560.45	\$1,120.90	\$1,081.67	\$1,574.86	-9.5%	-9.5%	-9.5%	-9.5%
T.	BRONZE	CDHP	\$455.57	1.1453	\$521.76	\$1,043.52	\$1,007.00	\$1,466.15	\$573.62	\$1,147.24	\$1,107.09	\$1,611.87	-9.0%	-9.0%	-9.0%	-9.0%
٠,	BRONZE	Integrated	\$449.17	1.1453	\$514.43	\$1,028.86	\$992.85	\$1,445.55	\$568.00	\$1,136.00	\$1,096.24	\$1,596.08	-9.4%	-9.4%	-9.4%	-9.4%
۳. ۲	SILVER	Vermont Preferred	\$508.14	1.1453	\$581.98	\$1,163.96	\$1,123.22	\$1,635.36	\$632.21	\$1,264.42	\$1,220.17	\$1,776.51	-7.9%	-7.9%	-7.9%	-7.9%
LCTI	SILVER	Vermont Select	\$519.73	1.1453	\$595.24	\$1,190.48	\$1,148.81	\$1,672.62	\$649.74	\$1,299.48	\$1,254.00	\$1,825.77	-8.4%	-8.4%	-8.4%	-8.4%
표경	SILVER	Deductible	\$526.56	1.1453	\$603.07	\$1,206.14	\$1,163.93	\$1,694.63	\$659.14	\$1,318.28	\$1,272.14	\$1,852.18	-8.5%	-8.5%	-8.5%	-8.5%
2	SILVER	CDHP	\$548.96	1.1453	\$628.72	\$1,257.44	\$1,213.43	\$1,766.70	\$686.16	\$1,372.32	\$1,324.29	\$1,928.11	-8.4%	-8.4%	-8.4%	-8.4%

Total \$135,246,660 \$146,659,671 -7.78%

RESPONSE TO ACTUARIAL INQUIRY DATED MAY 24, 2021

				Inforce C	ontracts			Projected	Contracts	
			Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate	Single Rate	Couple Rate	Adult and Child(ren) Rate	Family Rate
۵	GOLD	Vermont Preferred	234	40	14	65	234	40	14	65
NON-STANDARD PLANS	GOLD	Vermont Select	715	305	96	369	715	305	96	369
STAND	SILVER	Vermont Preferred	0	0	0	0	0	0	0	0
iè 5	SILVER	Vermont Select	0	0	0	0	0	0	0	0
Š	BRONZE	Vermont Preferred	91	16	6	14	91	16	6	14
Z	BRONZE	Vermont Select	346	76	23	90	346	76	23	90
ía.	PLATINUM	Deductible	1,319	420	142	428	1,295	417	142	428
A	GOLD	Deductible	1,006	226	71	223	1,006	226	71	223
<u>~</u>	SILVER	Deductible	0	0	0	0	0	0	0	0
l R	SILVER	CDHP	0	0	0	0	0	0	0	0
STANDARD PLANS	BRONZE	Deductible	343	66	23	71	343	66	23	71
AT.	BRONZE	CDHP	265	80	18	91	265	80	18	91
•,	BRONZE	Integrated	70	8	2	19	70	8	2	19
٣	SILVER	Vermont Preferred	231	42	11	34	231	42	11	34
FLECTIN	SILVER	Vermont Select	214	77	17	90	214	77	17	90
REFLECTIVE	SILVER	Deductible	1,340	286	69	233	1,340	286	69	233
2	SILVER	CDHP	484	117	34	138	484	117	34	138

Total 10,808 10,781